

# CONTRACTOR REGISTRATION

*Return this completed form along with*

- 1. Your Texas Master's License (if applicable)*
- 2. An approved photo identification, and*
- 3. A Certificate of Liability Insurance that names the City of Bee Cave as certificate holder.*
- 4. General contractors also are required to submit a completed W-9 form.*

*\*\*Please note, Certificates of registration provided for in the code expire when the state license or certificate of insurance expires, or after one calendar year, whichever is sooner.\*\**

*Pursuant to the City Code, application is hereby made for registration as a contractor.*

## **COMPANY INFORMATION**

Name of Business			
Mailing Address			
City, State, Zip			
Email Address			
Phone		Fax	
Type of License			
State License Number		Expires	
Owner/Master Name			
Owner/Master TDL Number		Expires	
Owner/Master Home Address			
Owner/Master Email Address			
Owner/Master Home Phone			

**PLEASE LIST PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE RESPONSIBLE MASTER ON THE REVERSE SIDE OF THIS FORM.**

## **FEES**

License fee is \$25. No fee for plumbing registration.

For Internal Use Only		
Date Filed	Type of License	License Number
Receipt Number	Date Registration Expires	Issued By



# CONTRACTOR REGISTRATION: SUPPLEMENTAL INFORMATION

**PLEASE LIST PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE RESPONSIBLE MASTER.**  
**LIST MASTER FIRST. PLEASE LIMIT ADDITIONAL PERSONNEL.**

	Name
Master	
Additional personnel	
Additional personnel	
Additional personnel	

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Signature of Responsible Master

Print Name

Date

## **PLUMBER'S AUTHORIZATION**

(TO BE COMPLETED BY MASTER PLUMBERS)

By signing this application for registration, I am certifying that I am in full compliance with the Texas State Board of Plumbing Examiners (TSBPE) Plumbing Licensing Law and Board Rules. I have provided a current certificate of insurance to the TSBPE as required by the law.

**I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.**

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Signature of Responsible Master Plumber

Print Name

Date

